

L10000021147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

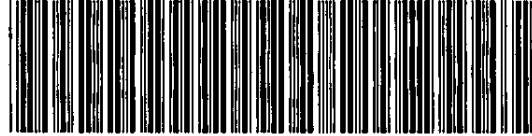
(Business Entity Name)

(Document Number)

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OFFICE OF STATE  
TALLAHASSEE, FLORIDA

2016 SEP 12 P 2:25

FILED

SEP 13 2016  
J. BRUCE

September 2, 2016

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Chehebar Brothers A, LLC - Document No. L10000021147

Dear Sir:

In reference to the above entity, enclosed are the following:

1. Dissociation or Resignation of Member, Manager from Florida Limited Liability Company for Jenny Chehebar;
2. Dissociation or Resignation of Member, Manager from Florida Limited Liability Company for Rafael Chehebar;
3. Statement of Resignation of Registered Agent for Limited Liability Company;
4. My check in the amount of \$135.00, representing your filing fee for the filing of the above forms.

Please file the resignations and forward me written confirmation of the same. Thank you for your anticipated prompt attention to this matter.

Very truly yours,

  
JEFFREY C. ROTH

JCR:gkm  
Encls.

cc: Theodore M. Goldberg, Esq. (w/encls. - by email to [tmg@tedgoldberg.net](mailto:tmg@tedgoldberg.net))  
Rafael Chehebar (w/encls. - by email to [rafichehebar@gmail.com](mailto:rafichehebar@gmail.com))

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TALLAHASSEE, FLORIDA

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**RAFAEL CHEHEBAR**

, hereby resigns as

Name of Registered Agent

Registered Agent for **CHEHEBAR BROTHERS A, LLC**


Name of Limited Liability Company

**L10000021147**

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

INHS17 (2-14)

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2016 SEP 12 P 2:25  
TALLAHASSEE, FLORIDA